



Kentucky Teachers' Retirement System Medicare Eligible Health Plan (MEHP) has chosen the Kentucky Rx Coalition, administered by Express Scripts, to take care of your Medicare (Part D) prescription benefit plan. This includes:

- 24-hour, 365-day-a-year Patient Care Contact Center
- A national network of over 50,000 pharmacies
- Home Delivery for your medications from the Express Scripts Pharmacy
- CuraScript Pharmacy for your specialty medications
- Access to a KY Rx Coalition Pharmacist

### How to Get Prescriptions from a Participating Retail Pharmacy

Before your coverage begins, you will receive a welcome package that contains, among other things, an ID card and listing of the pharmacies closest to you. You will need to show this ID card to your pharmacist each time you fill a prescription. The retail pharmacy program includes a deductible stage. Please see reverse side for more information.

### How to Use Home Delivery

Take advantage of added savings and convenience by using the Home Delivery program for your maintenance medications. **To begin Home Delivery, first ensure you have a 30 day supply of your medication(s) on hand.** Please mail your prescription written for a 90 day supply (including refills) along with your completed New Patient Home Delivery Form you receive in your welcome package in the self-addressed envelope. To get your prescriptions to Express Scripts sooner, your doctor can call, fax or e-prescribe them as well. **Please allow 14 days to receive your medication(s).** To refill your home delivery medication, contact us by visiting our Web site at [www.express-scripts.com](http://www.express-scripts.com) or by calling Express Scripts at 877-866-5834. NOTE: The home delivery program does not have a deductible, like retail does.

If you already use Express Scripts Home Delivery, once your MEHP is effective and you are ready to refill your prescription, you may call the KTRS Customer Service number at 877-866-5834, to request a refill. You may request that your prescription(s) be transferred from your old (KEHP) Express Scripts account to your new (MEHP) Express Scripts ID number, as you are ready to refill each of your prescriptions.

### Release of Information

By joining this Medicare prescription drug plan, you acknowledge that KTRS will release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge that KTRS will release your information, including prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations.

## Your 2012 Prescription Program

STAGE	TIER	IN NETWORK RETAIL PHARMACY (0-90 DAY SUPPLY)	EXPRESS SCRIPTS HOME DELIVERY (90 DAY SUPPLY)
<b>STAGE 1: Yearly Deductible Stage</b> You begin this payment stage when you fill your first prescription of the calendar year. You stay in this stage until you have paid \$150 for your drugs at retail.		\$150	\$0
<b>Stage 2: Initial Coverage Stage</b> You pay a copayment or coinsurance for your Part D drugs until your total out-of-pocket costs reach \$4,700.	<b>Generic Drugs</b>	20% of drug cost	\$10 copay
	<b>Formulary</b>	20% of drug cost	\$20 copay
	<b>Non-Formulary</b>	35% of drug cost	\$35 copay
	<b>Specialty (34 day supply max)</b> Generics Brands	20% of drug cost 20% of drug cost	\$3.33 copay \$6.66 copay
<b>Stage 3: Catastrophic Coverage Stage</b> After your total out-of-pocket costs exceed \$4,700 you pay a smaller copayment or coinsurance for each Part D covered prescription.	<b>Generic Drugs</b>	5% of drug cost with \$2.60 min	5% of drug cost with \$2.60 min and \$10 max
	<b>Formulary</b>	5% of drug cost with \$6.50 min	5% of drug cost with \$6.50 min and \$20 max
	<b>Non-Formulary</b>	5% of drug cost with \$2.60 min for Generics and \$6.50 min for Brands	5% of drug cost with \$2.60 min/\$10 max for Generics and \$6.50 min/\$35 max for Brands
	<b>Specialty (34 day supply max)</b>	5% of drug cost with \$2.60 min for Generics and \$6.50 min for Brands	5% of drug cost with \$2.60 min/\$3.33 max for Generics and \$6.50 min/\$6.67 max for Brands

### \*Extra Help\*

Medicare beneficiaries with low or limited income and resources may be able to get Extra Help to pay for prescription drug premiums as well as get help with other Medicare costs. To see if you qualify for Extra Help, call 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048, 24 hours a day/7 days a week.